

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisDEPARTMENT NAME & NUMBER:
_____VENDOR NAME: R. J. Reynolds Tobacco Co.A/P VENDOR NUMBER: 075088REPRESENTATIVE NAME:
_____C. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Center ParkwayEdison, NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000703	12300-12012	Salem King	\$2.00	4/21 - 5/11		
8000648	12300-12212	Salem 100's	"			
8000664	12300-12412	Salem Light King	"			
8000656	12300-12512	Salem Light 100's	"			
8000795	12300-17206	Salem Custom Case	"			
8000630	12300-12612	Salem Slim Light 100's	"			
8000606	12300-12806	Salem Ultra King	"			
8000680	12300-12912	Salem Ultra 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/14/91

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisMETHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKDEPARTMENT NAME & NUMBER:
_____BILL TO: R. J. Reynolds Tobacco Co.VENDOR NAME: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.A/P VENDOR NUMBER: 075088ADDRESS: 400 Raritan Center ParkwayREPRESENTATIVE NAME:
G. N. Kuruc, Jr.Edison, NJ 08837
PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	Doral Ultra King	\$2.00	2/18 - 3/16		
8010156	12300-15113	Doral Light King	"			
8010198	12300-16613	Doral Full Flavor King	"			
8010211	12300-16813	Doral Light Menthol 100's	"			
8010229	12300-15213	Doral Light 100's	"			
8010237	12300-16713	Doral Ultra 100's	"			
8010245	12300-15313	Doral Full Flavor 100's	"			
8011754	12300-15713	Doral Light Menthol King	"			
8010384	12300-84013	Doral Full Flavor Box	"			
8010392	12300-84113	Doral Light Box	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB
Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/16/96Sales Rep Signature: G. N. Kuruc, Jr.* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisMETHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKDEPARTMENT NAME & NUMBER:
_____BILL TO: R. J. Reynolds Tobacco Co.VENDOR NAME: R. J. Reynolds Tobacco Co. NAME: G. N. Kuruc, Jr.A/P VENDOR NUMBER: 075088ADDRESS: 400 Raritan Center ParkwayREPRESENTATIVE NAME:
G. N. Kuruc, Jr.Edison, NJ 08837
PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
800151	12300-71113	Winston Select Light King	\$2.00	2/18 - 3/16		
800119	12300-71213	Winston Select Light Box King	"			
800200	12300-71013	Winston Select Full Flavor Box	"			
800038	12300-20166	Winston Select Slim Light 100's	"			
800046	12300-20277	Winston Select Light 100's	"			
800012	12300-70913	Winston Select Full Flavor King	"			
800428	12300-11013	Winston King	"			
8000452	12300-11213	Winston Box	"			
8000460	12300-11113	Winston Light King	"			
8000486	12300-11313	Winston Light 100's	"			
8000517	12300-11413	Winston 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB
Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3), 6/91

Date: 1/14/96Sales Rep Signature: G. N. Kuruc, Jr.* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisDEPARTMENT NAME & NUMBER:
_____VENDOR NAME: R. J. Reynolds Tobacco Co.A/P VENDOR NUMBER: 075088REPRESENTATIVE NAME:
G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Center ParkwayEdison, NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000525	12300-11913	Winston Light Box 100's	\$2.00	2/18--3/16		
8000533	12300-11713	Winston Ultra King	"			
8000737	12300-15913	Winston Light Box 100's	"			
8000474	12300-70313	Winston Ultra Box King	"			
8000686	12300-70413	Winston Ultra Box 100's	"			
8000169	12300-22186	Winston Select Full Flavor Box 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB
Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3), 6/91

Date: 1/11/96Sales Rep Signature: [Signature]* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. Vanvourellis

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tobacco Co.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: _____

G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (x) CHECKBILL TO: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Center ParkwayEdison, NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	Doral Ultra King	\$2.00	2/18 - 3/16		
8010156	12300-15113	Doral Light King	"			
8010198	12300-16613	Doral Full Flavor King	"			
8010211	12300-16813	Doral Light Menthol 100's	"			
8010229	12300-15213	Doral Light 100's	"			
8010237	12300-16713	Doral Ultra 100's	"			
8010245	12300-15313	Doral Full Flavor 100's	"			
8011754	12300-15713	Doral Light Menthol King	"			
8010384	12300-84013	Doral Full Flavor Box	"			
8010392	12300-84113	Doral Light Box	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/16/96

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisMETHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECK

DEPARTMENT NAME & NUMBER: _____

BILL TO: R. J. Reynolds Tobacco Co.VENDOR NAME: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.A/P VENDOR NUMBER: 075088ADDRESS: 400 Raritan Center Parkway

REPRESENTATIVE NAME: _____

Edison, NJ 08837G. N. Kuruc, Jr.PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8030017	12300-97513	Worth Full Flavor King	\$2.00	3/17 - 4/20		
8030106	12300-97713	Worth Light King	"			
8030198	12300-97913	Worth Light Menthol King	"			
8031097	12300-97813	Worth Light 100's	"			
8031186	12300-97613	Worth Full Flavor 100's	"			
8031275	12300-92813	Worth Ultra 100's	"			
8031364	12300-98013	Worth Light Menthol 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/11/96

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. Vanvourellis

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tobacco Co.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: _____

G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Center ParkwayEdison, NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000703	12300-12012	Salem King	\$2.00	4/21 - 5/11		
8000648	12300-12212	Salem 100's	"			
8000664	12300-12412	Salem Light King	"			
8000656	12300-12512	Salem Light 100's	"			
8000795	12300-17206	Salem Custom Case	"			
8000630	12300-12612	Salem Slim Light 100's	"			
8000606	12300-12806	Salem Ultra King	"			
8000680	12300-12912	Salem Ultra 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/16/91Sales Rep Signature: L N Kuruc

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisMETHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (x) CHECK

DEPARTMENT NAME & NUMBER: _____

BILL TO: R. J. Reynolds Tobacco Co.VENDOR NAME: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.A/P VENDOR NUMBER: 075088ADDRESS: 400 Raritan Center Parkway

REPRESENTATIVE NAME: _____

Edison, NJ 08837G. N. Kuruc, Jr.PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	Doral Ultra King	\$2.00	4/21 - 5/11		
8010156	12300-15113	Doral Light King	"			
8010198	12300-16613	Doral Full Flavor King	"			
8010211	12300-16813	Doral Light Menthol 100's	"			
8010229	12300-15213	Doral Light 100's	"			
8010237	12300-16713	Doral Ultra 100's	"			
8010245	12300-15313	Doral Full Flavor 100's	"			
8011754	12300-15713	Doral Light Menthol King	"			
8010384	12300-84013	Doral Full Flavor Box	"			
8010392	12300-84113	Doral Light Box	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/16/92

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. VanvourellisMETHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECK

DEPARTMENT NAME & NUMBER: _____

BILL TO: R. J. Reynolds Tobacco Co.VENDOR NAME: R. J. Reynolds Tobacco Co. NAME: G. N. Kuruc, Jr.A/P VENDOR NUMBER: 075088ADDRESS: 400 Raritan Center ParkwayREPRESENTATIVE NAME: _____
G. N. Kuruc, Jr.Edison, NJ 08837
PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
800151	12300-71113	Winston Select Light King	\$2.00	2/18 - 3/16		
800119	12300-71213	Winston Select Light Box King	"			
800200	12300-71013	Winston Select Full Flavor Box	"			
800038	12300-20166	Winston Select Slim Light 100's	"			
800046	12300-20277	Winston Select Light 100's	"			
800012	12300-70913	Winston Select Full Flavor King	"			
800428	12300-11013	Winston King	"			
8000452	12300-11213	Winston Box	"			
8000460	12300-11113	Winston Light King	"			
8000486	12300-11313	Winston Light 100's	"			
8000517	12300-11413	Winston 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB
Shopper Discounts plus an additional \$.08 per item promotional charge. Form #43-678 (3), 6/91

Date: 1/16/96Sales Rep Signature: G. N. Kuruc, Jr.* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: V. Vanvourellis

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tobacco Co.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: _____

G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (x) CHECKBILL TO: R. J. Reynolds Tobacco Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Center ParkwayEdison, NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000525	12300-11913	Winston Light Box 100's	\$2.00	2/18--3/16		
8000533	12300-11713	Winston Ultra King	"			
8000737	12300-15913	Winston Light Box 100's	"			
8000474	12300-70313	Winston Ultra Box King	"			
8000686	12300-70413	Winston Ultra Box 100's	"			
8000169	12300-22186	Winston Select Full Flavor Box 100's	"			

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB
Shopper Discounts plus an additional \$.08 per item promotional charge.

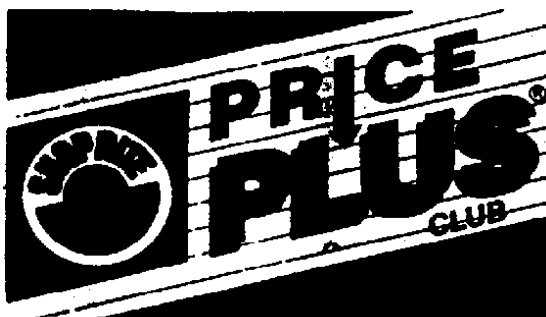
* Payment to be received
15 days from invoice date

Date: 1/11/96

Sales Rep Signature: _____

G. N. Kuruc, Jr.

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: JEFF REAGAN

DEPARTMENT NAME & NUMBER:

GM # 09VENDOR NAME: R. W. RYLANDSTOBACCO CO.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME:

G. N. KURIC, JR.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION ☒ CHECKBILL TO: R. W. RYLANDS, JR.NAME: R. W. RYLANDS TOBACCO CO.ADDRESS: 1000 E. MAIN CENTERINDIAN NJ 08837PHONE: 908-225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000012	12300-70913	WINSTON SELECT FULL FLAVOR KING	2.00	3/5-3/25		
8000020	12300-71013	WINSTON SELECT FULL FLAVOR BOX				
8000038	12300-20166	WINSTON SELECT SLIM LT 100'S				
8000046	12300-20277	WINSTON SELECT LIGHT KING				
8000119	12300-71213	WINSTON LIGHT BOX KING				
8000151	12300-71113	WINSTON SELECT LIGHT KING				
8000428	12300-11013	WINSTON KING				
8000452	12300-11213	WINSTON BOX				
8000460	12300-11113	WINSTON LIGHT KING				
8000486	12300-11313	WINSTON LIGHT 100'S				
8000517	12300-11413	WINSTON 100'S				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Date: 11/20/94Sales Rep Signature: G. N. Kuric, Jr.

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

BUYER'S NAME: JEFF REAGAN

DEPARTMENT NAME & NUMBER:

GM 4 09VENDOR NAME: R. J. REYNOLDSTOBACCO CO.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME:

G. N. KURUC, JR.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: REYNOLDS, JR.NAME: REYNOLDS TOBACCO CO.ADDRESS: 400 BIRCHMAN CENTEREDISON, NJ 08837
PHONE: 609-271-774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000525	12300-11913	WINSTON LIGHT BOX KING	2.00	3/5-3/5		
8000533	12300-1713	WINSTON ULTRA KING				
8000737	12300-15913	WINSTON LIGHT BOX 100'S				
8000174	12300-70313	WINSTON ULTRA BOX KING				
8001686	12300-70413	WINSTON ULTRA BOX 100'S				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 11/30/91Sales Rep Signature: [Signature]* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM



BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: _____

G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE) *
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tob. Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Ctr. Pkwy.Edison, NJ 08837PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8010106	12300-25513	Doral Ultra King	\$2.00	3/26-4/22		
8010156	12300-15113	Doral Light King				
8010198	12300-16613	Doral Full Flavor King				
8010211	12300-15813	Doral Light Menthol 100's				
8010229	12300-15213	Doral Light 100's				
8010237	12300-16713	Doral Ultra 100's				
8010245	12300-15313	Doral Full Flavor 100's				
8011754	12300-15713	Doral Light Menthol King				
8010384	12300-84013	Doral Full Flavor Box				
8010392	12300-84113	Doral Light Box				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 3/11/95

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM



BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.A/P VENDOR NUMBER: 075088REPRESENTATIVE NAME:
G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tob. Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Ctr. Pkwy.Edison, NJ 08837PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000151	12300-71113	Winston Select Light King	\$2.00	12/2-1/6		
8000119	12300-71213	Winston Select Light Box King				
8000200	12300-71013	Winston Select Full Flavor Box				
8000038	12300-20166	Winston Select Slim Light 100's				
8000046	12300-20277	Winston Select Light 100's				
8000012	12300-70913	Winston Select Full Flavor King				
8000428	12300-11013	Winston King				
8000452	12300-11213	Winston Box				
8000460	12300-11113	Winston Light King				
8000486	12300-11313	Winston Light 100's				
8000517	12300-11413	Winston 100's				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 6/23/95Sales Rep Signature: [Signature]* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM



BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.A/P VENDOR NUMBER: 075088REPRESENTATIVE NAME:
G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (X) CHECKBILL TO: R. J. Reynolds Tob. Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Ctr. Pkwy.Edison, NJ 08837PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000525	12300-11913	Winston Light Box 100's	\$2.00	12/3-1/6		
8000533	12300-11713	Winston Ultra King				
8000737	12300-15913	Winston Light Box 100's				
8001474	12300-70313	Winston Ultra Box King				
8001686	12300-70413	Winston Ultra Box 100's				
8000169	12300-22186	Winston Select Full Flavor Box 100's				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 1/23/95Sales Rep Signature: G. N. Kuruc* Payment to be received
15 days from invoice date

WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

51849 8471



BUYER'S NAME: _____

DEPARTMENT NAME & NUMBER: _____

VENDOR NAME: R. J. Reynolds Tob. Co.A/P VENDOR NUMBER: 075088

REPRESENTATIVE NAME: _____

G. N. Kuruc, Jr.METHOD OF PAYMENT: (CHECK ONE)*
() INVOICE DEDUCTION (xx) CHECKBILL TO: R. J. Reynolds Tob. Co.NAME: G. N. Kuruc, Jr.ADDRESS: 400 Raritan Ctr. Pkwy.Edison, NJ 08837PHONE: (908) 225-4774

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8030017	12300-97513	WORTH Full Flavor King	\$2.00	12/10/95-1/6/96		
8030106	12300-97713	WORTH Light King				
8030198	12300-97913	WORTH Light Menthol King				
8030097	12300-97813	WORTH Light 100's				
8031285	12300-97613	WORTH Full Flavor 100's				
8031275	12300-92813	WORTH Ultra 100's				
8031363	12300-98013	WORTH Light Menthol 100's				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge.

Form #43-678 (3) 6/91

Date: 10/10/95

Sales Rep Signature: _____

* Payment to be received
15 days from invoice date